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FACSIMILE COVER SHEET

TO: U.S. Patent & Trademark Office
Central Facsimile

FROM: Frank L. Cire (Reg. No.: 42,149)

RE: U.S. Application No. 09/841,066
Attn: Examiner J. Pokrzywa
Group Art Unit 2622
Atty. Docket No. 03560.002798.

FAX NO.: (703) 872-9306

DATE: June 9, 2005

NO. OF PAGES: 19
(including cover page)

TIME:

SENT BY: Frank Cire

MESSAGE

Transmitted herewith is an Amendment and an Amendment Transmittal in response
to the Office Action dated March 9, 2005.I hereby certify that this correspondence is being facsimile transmitted
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

June 9, 2005

(Date of Transmission)

Frank L. Cire (Reg. No. 42,149)

(Name of Attorney for Applicant)



Signature

June 9, 2005

Date of Signature

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In re Application of:

Docket No. 03560.002798.

TAKAKI KAMEYAMA

Examiner: J. Pokrzywa

Application No.: 09/841,066

Group Art Unit: 2622

Filed: April 25, 2001

Date: June 9, 2005

For: INFORMATION PROCESSING SYSTEM, INFORMATION PROCESSING APPARATUS, IMAGE PICKUP SYSTEM, INFORMATION PROCESSING METHOD, AND PROGRAM

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 61	MINUS	** 61	= 0	x \$25 \$50	-0-
INDEP. CLAIMS	* 10	MINUS	*** 10	= 0	x \$100 \$200	-0-
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

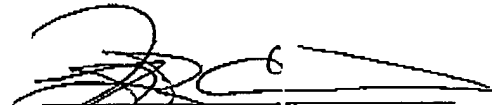
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*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.☐ A check in the amount of \$_____ is enclosed.☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Frank L. Cire
Registration No.: 42,419

FITZPATRICK, CELLA, HARPER & SCINTO
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JUN 09 2005

03560.002798.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: J. Polkzywa
TAKAKI KAMEYAMA)
: Group Art Unit: 2622
Application No.: 09/841,066)
: Filed: April 25, 2001)
: For: INFORMATION)
: PROCESSING SYSTEM,)
: INFORMATION)
: PROCESSING APPARATUS,)
: IMAGE PICKUP SYSTEM,)
: INFORMATION)
: PROCESSING METHOD,)
: AND PROGRAM) June 9, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT


Sir:

In response to the Office Action dated March 9, 2005, please amend the
above-identified application as follows:

I hereby certify that this correspondence is being facsimile transmitted
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

June 9, 2005
(Date of Transmission)

Frank L. Ciro (Reg. No. 42,419)
(Name of Attorney for Applicant)


Signature Date of Signature June 9, 2005